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<b>NOTICE OF APPEAL FROM THE EXAMINER</b> <b>TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 484112.408D1
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on	In re Application of George H. Lowell et al.	
Signature _____  Typed or printed name _____	Application Number 09/938,406	Filed August 21, 2001
	For PROTEIN AND PEPTIDE VACCINES FOR INDUCING MUCOSAL IMMUNITY	
	Art Unit 1648	Examiner Zachariah Lucas
	Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.	
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <u>500</u></span>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span>  <input checked="" type="checkbox"/> A check which includes the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           I am the  <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.)  <input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>48,903</u>  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____         </div> <div style="width: 50%; text-align: center;">             _____            Signature             Mae Joanne Rosok            _____            Typed or Printed Name             (206) 622-4900            _____            Telephone Number             November 9, 2006            _____            Date         </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

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